

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, JANUARY 10, 1885.

Original.

SOMEWHAT ON ASTHMA.

EFFECT OF CHLORAL ON THE DISEASE.

BY RUFUS W. GRISWOLD, M. D.

The happy results obtained in some long-standing and severe cases of asthma from the use of the chloral hydrate induce the writing of this paper. Perhaps nothing new will be offered, as it is not unlikely that the same remedy has been used by others, and the results by them obtained generally communicated, but as it has not been my fortune to observe the administration of chloral recommended in asthmatic troubles, my experience with it in a few cases may be worth putting in print. I have looked over several of the standard works on practice, some of the present generation and some of the past, have consulted a good number of works on therapeutics and many volumes of formulæ, without noticing any mention made of the use of this particular drug in the treatment of asthmatic disease; still, as none of us read the half of what is put in type on the practice of medicine, it is always quite possible that the experiences we may think entirely new are in reality new only to ourselves. If apology is needed for offering what I have to present, it may be found in the lack of reading *enough* medical literature.

I propose to present something of a couple of cases of severe and typical asthma, and of the effect of the chloral upon them, as illustrating like results in several other cases of the disease. Some ten years ago, while I was attending an ailing child in the family of Mr. E. G. H., the mother had a very severe "spell" of asthma. Inquiry elicited this history: She had been a sufferer from the trouble from

childhood up, with an apparent hereditary tendency. She was at that time about thirty-six or eight years old, married and with one child. The attacks were irregular in their appearance, coming at any time of the year, severe, prolonged, and therefore unmanageable. In the way of treatment she had been wrestled with by a number of doctors, inclusive of the different schools, had run along the whole gamut of the drugs usually prescribed for asthma, and tried a great number of the patent nostrums advertised as cure-alls, the whole to no good service even as to temporary relief. As many other asthmatic sufferers do, she had come to the not unreasonable conclusion very often expressed, that medicine wouldn't do her case any good. The outlook ahead had no hope in it. Sitting down to cogitation over this case, with a knowledge of a large share of the drugs theretofore prescribed for its relief with entire failure, the conclusion was legitimate that there was little or no use going over again the same treatment; something new had to be thought of. More as a result of reasoning upon the case, and upon the vexed question of the pathology of asthma, than as a mere empirical happy thought, the hydrate of chloral presented itself as worth trial. Soliciting experiment, permission was accorded, and I gave the woman a four-ounce bottle of a solution of chloral, fifteen grains to the dose once in four hours till relief was obtained, and then three times in twenty-four hours till it was all taken. The effect at the first dose was very marked; inside of twenty-four hours there was entire subsidence of the distress, and after the quantity prescribed was taken as directed the patient expressed herself as feeling cured. What may seem still more remarkable is the fact that from thence on the woman has been so free from the attacks of her old enemy that she has not had to use any drugs to repel him.

If the apparent results following the use of chloral in this case had not been quite or nearly duplicated from the use of the drug in like cases since, there might possibly be room to wonder if the outcome with this woman was not more a mere coincidence than a relation of cause and effect. It is well known to old practitioners that it sometimes comes about with a long-suffering asthmatic that the trouble finally quite disappears or "wears out," independent of medication and unaccountably. People who have had asthma for years, now and again rather suddenly find themselves quit of it; *why*, it may be impossible to tell. If the sufferer has been dosing, the last thing dosed with, or the fortunate doctor last prescribing, gets the credit, not infrequently undeservedly. Many of our best bits of reputation are obtained in this way, and it is neither wise nor necessary to proclaim that fact abroad among one's patients. But the practitioner who does not like to be himself deceived needs often to consider the point as to whether or not in a given case his prescription has effected a cure, and whether or not recovery was due to what we call a natural termination of the disease, or a natural tendency in that direction. Between these it is not always easy to definitely determine. But it is absolutely certain that many persons feeling ill at night get up the next morning all right without having dosed at all; and at the next time of feeling ill in the same way, and taking something, come out right in the morning, attributing all the glory to the something taken. The supposed efficacy of the incomprehensible infinitesimal dosing of the homeopath has only this illusory foundation. Applying this reasonable logic to the case above related, the really remarkable apparent results following the use of the chloral might not unreasonably be called in question, and especially so if the results could not be fortified by other like experiences. Fortunately subsequent observations in similar cases have confirmed the impression deduced from the one related, to wit, that chloral is a potent remedy in the treatment asthmatic troubles.

Another case: C. C. B., male, now about thirty-four, has been an asthmatic from boyhood; has what we may call the asthmatic build—chest, neck, and general appearance; attacks frequently prolonged, very severe, and continued year after year. I had been often called to attend him in his worst attacks, usually procuring partial temporary

relief—mitigating the distress, but never being quite satisfied with the results obtained. Nauseating and emetic doses of lobelia, with sulphate of morphia, used to do better with this patient than any other remedies, and many were tried. Later he got a moderate measure of relief in his "bad spells" from smoking a patent compound of herbs. After the experience in the case first related I put this patient on fifteen grain doses of chloral, and it operated so much more effectually in his case than any other medicine that he has since kept a solution (cork-sealed) on hand for use as soon as the attacks begin. The results in this case have not been so thoroughly satisfactory as in the case of Mrs. H. He has not been willing to push the drug, having some fears of acquiring the chloral habit, but he is comparatively fearless of his old foe; a few doses taken at the onset of an attack squelch the trouble. The individual who has had severe asthma for years, and failed to find any thing to stave off the intense suffering which it brings, can imagine something of the immense satisfaction that even a temporary triumph over it must be.

These two cases typify the excellent results since obtained in several others. Is then the chloral a specific in asthma? Not likely. I have not used it in a single case with failure. The effect in all cases has not been equally satisfactory, but it has every time done better than any other drug tried. The steady administration of the iodide of potassium will cure effectually some cases of asthma. I have now particularly in mind a case treated with the iodide twenty-five years ago—a woman who had been a terrible sufferer for two decades, and who after a six-months' use of that drug seemed entirely relieved of the affliction, and lived for ten or twelve years without an attack. But while the iodide cures *some* cases it fails in many more; and as a factor for relief in the severe suffering of the attacks it is not potent. As sometimes affording relief in the severe spells, the inhalation of ether or chloroform to a moderate degree, but short of insensibility, may be mentioned, either alone or combined with benzoic acid or balsam peru; also carbonate of ammonia in cases where there is organic disease of the heart; asafetida, in large doses, in hysterical cases, alone or with opium and camphor; belladonna or hyoscyamus, according to the complications; valerian, zinc, squill, blood-root, ipecac, lobelia, as nauseants and emetics; musk, in nervous varieties; nitrite

of amyl, inhaled, Indian hemp, etc., according to varying circumstances and conditions—all these, and other remedies, are useful at times; but, unless I have been deceived in my experience, the chloral is the most potent remedy to be had to abate or mitigate asthmatic attacks. It is quite safe in ordinary doses. It is speedy in its effects, readily handled, and can be repeated judiciously when needed. Also, unless I have been deluded in my observations of its use, it will effectually break up or cure a considerable number of asthma cases.

Now, something as to the philosophy of its effects upon the disease under consideration. This involves some inquiry into asthmatic pathology, about which there has been a deal of learned talk by the authorities. Asthma, as a disease by itself, not dependent on catarrhal or emphysematous trouble, is a reality generally admitted by most practitioners who encounter very many cases of it.

But Laennec undertook to destroy the individuality of asthma by advancing the theory that it was always dependent upon emphysema of the lungs or upon a catarrh. This idea was just as absurd as to assert that there could be no croup except there was behind it membranous inflammation and deposit, or, in other words, no croup of a nervous and spasmodic nature. He undertook to disabuse the profession of the idea that there was any such disease as asthma outside of catarrh and emphysema, and not altogether dependent upon one or both of them. His theory was adopted by many members of the profession, but has not altogether prevailed. In the therapeutics of the disease it has been necessary to keep in mind, in the majority of cases, the existence of a nervous or spasmodic factor, or else, if success was to be expected, to prescribe purely empirically. It is indeed true that most cases of asthma are accompanied with more or less catarrhal secretion, and so the trouble may be called catarrhal asthma; but it is more properly an asthmatic catarrh—the asthma is behind the catarrh rather than the catarrh behind the asthma. The bronchial secretion is rather the effect of the asthma than the asthma the effect of the bronchial secretion. There is something behind the latter to which the name "asthma" is applied, and which may and does exist without the addition of the secretion; there is a factor in advance of the catarrh; the asthmatic demonstration is the provocative of the catarrhal secretion.

The asthmatic factor may be in activity without emphysema of the lungs, though the two are often together. So, also, the triad, nervous asthma, catarrh, emphysema may co-exist in a given case, and do co-exist, but not in all cases. Keeping in mind the existence of the nervous factor, antispasmodic medicines are rationally indicated, and the frequent beneficial results following their use show the correctness of the theory of nervous relation. If the emphysematous or the catarrhal condition quite override the nervous factor in any given case, antispasmodics alone will be less potent. If the catarrhal condition largely predominates, a full depressing emetic, like antimony and ipecac, or lobelia, will often materially mitigate the spasms of the disease; if emphysema, opium and chloric ether do well. But whether one or the other condition dominates, the recognition of the nervous and spasmodic force in very nearly all cases of asthmatic disease rationally leads to the trial of the chloral hydrate as a drug notably potential in the control of varied neuroses, and so likely to be beneficial in attacks of asthma. From a consideration of the points I have herein endeavored to present I was led to the exhibition of the drug in the cases mentioned, and have continued it in other cases, and so far without disappointment.

ROCKY HILL, Conn., December, 1884.

ACUTE NEURITIS.

BY JAMES WEIR, M.D.

Acute neuritis is comparatively a rare disease. During the eleven years I have been connected with the practice of medicine, with all the opportunities afforded by hospital work both in New York and St. Louis, I have only met with four cases, three of these traumatic, one idiopathic. Acute neuritis rarely ends in complete cure. Mitchell goes so far as to intimate that there is never complete resolution. Jaccond says that it "terminates either by cessation of pain and return of normal functions of the nerve involved, or by supervention of permanent anesthesia or paralysis, or both." In the following case there was complete resolution.

On October 29th, Richard M., a street-car driver, consulted me for what he termed erysipelas. He had consulted a physician before coming to me, who had pronounced

his double erysipelas. On removing the bandage in which his hand and forearm were swathed, I found the following condition of things: Commencing at a line drawn from the metacarpophalangeal joint of the second finger to the wrist, and embracing the area between this line and the outer aspect of the thumb, was a well-defined swelling with marked anesthesia. The thumb, first finger, and second finger were partially flexed and completely paralyzed. Commencing at the wrist and extending up the arm, three and one half inches in the interosseous space, was an oblong tumor about the size and shape of a small (*Wiener wurst*) sausage. On pressure a hard, cord-like substance could be felt extending through the entire long axis of the tumor. Pressure on this cord greatly augmented the agonizing pain which he was suffering. The skin was distinctly red over the entire swelling. I at once diagnosed the case acute neuritis. I was bothered at first to locate the nerve. The radial nerve turns outward beneath the supinator longus to reach the back of the radius, about three inches above the wrist. The swelling commenced at the wrist and extended up for three and one half inches. I am certain it was not the ulnar; the location of the tumor and the area of paralysis and anesthesia precludes this possibility. It was either the radial located abnormally or one of its branches enormously enlarged by the phenomena of inflammation. This could readily be, for in neuritis both neurilemma and nerve elements are involved. A surface thermometer showed an increase of temperature over the part affected of fully half a degree. Temperature in axilla (side not affected) 101° F. Temperature over tumor, 101.5°. On questioning him closely, I found that two days before, while driving his team, he had his arm slightly wrenched or twisted by one of his mules falling and thereby jerking his arm, around the wrist of which he had wound his lines. He did not ascribe his trouble to this injury. I think, however, this was the cause.

I had always heretofore seen neuritis treated by cold applications. I resolved to depart from the old line and try iodoform. I had seen such excellent results come from the application of iodoform in orchitis and kindred inflammations, that I felt certain it would do good in this case. The result exceeded my greatest expectation. I ordered iodoform, ʒss, ether sulph., ʒij, to be painted over the part every three hours; quin. sulph., grs. iij, to be taken every two hours.

He came to see me on the following morning and told me that his arm had ceased to pain him after the first application. I found the swelling diminished, and a slight return of sensibility and contractility to the parts affected. I saw him six days after on his car. He claimed to be entirely well; no numbness, no anesthesia, and no paralysis. The only case of acute idiopathic neuritis I ever saw occurred in the service of Dr. Hodgen, of St. Louis, now dead. The nerve was a branch of the auriculo-temporal and the patient was treated with quinine and cold applications.

LOUISVILLE, 548 First Street.

Miscellany.

AMBIGUITY IN PRESCRIPTION-WRITING.—The Weekly Drug News, of January 3, 1885, quotes from the ninth annual report of the Committee on the Metric System of the Boston Society of Civil Engineers the following loosely-constructed prescription:

	Grams.
R Quin. sulphat., . . . gr. xvi,	1.
Strych. sulphat., . . . gr. ss,	.03
Acid. hydrochlor. dil., ℥ lxxx,	5.
Tr. zingiberis, . . . ʒ ij,	7.50
Tr. card. co., . . . ʒ iiss,	9.50
Syrupi, ʒ ij,	80.
Aquam, ʒ iv,	40.

M. Sig: Dose, a tablespoonful.

The editor's comments are suggestive, and merit the careful perusal of prescription-writers:

The comparative simplicity and advantages of the metric system are nicely brought out by the committee. The portion of the circular reproduced, however, is additional evidence that "it is human to err," and that ambiguity is something very difficult to keep removed from prescriptions. In the last two lines of the formula, through miscalculation, or, more likely, typographical errors, ʒij is given as equaling eighty grams, instead of sixty, which would be roughly an approximate equivalent, and, on the next line, forty should read one hundred and twenty, which latter amount is about "ʒiv." The principal defect we wish to notice is one which occurs far too commonly in prescriptions. "Aquam ad ʒiv," occurring after "R," is either bad Latin for aquæ ad ʒiv (take of water enough to make four ounces), or the "ad" is intended as an abbreviation of "adde," and should be

written as such, "ad." or, better, the entire word used, the idea being to add water four ounces. Now, in a prescription containing, as this does, strychnine sulphate, it may be a matter of life or death whether that little "ad" is properly written and means "to," or improperly written as an abbreviation for "adde"—a word which we think should never be abbreviated. We think the change from the genitive to accusative case is wholly unnecessary, as "take sufficient of" (understood) would seem as properly to precede the former as "take two ounces of," and if the "ad" means "adde" it would seem as proper to read "add four ounces of water," as to place the water in the objective case and read "add water four ounces." The ambiguity is particularly noticeable in printing, as "ad" meaning "to" when followed by leaders, is made to appear as an abbreviation for adde, thus, ad. . . It will be seen that if the "ad" means "to," as it does when not followed by a period, we should have one half grain of strychnine sulphate in four ounces of liquid, or one eighth grain to the ounce, whereas if it is intended as an abbreviation for "adde" the measure of the completed preparation would be about six and one half ounces, making each ounce represent about one twelfth grain of strychnine sulphate—a very marked decrease in the amount of strychnine for a dose—from one sixteenth grain to one twenty-fourth grain.

THE IDEAL PHYSICIAN.—Professor Gairdner thus describes him:

1. He must be careful and accurate, and at the same time a keen and quick observer of nature.

2. He must be able to connect his isolated observations of fact by rapid and at the same time trustworthy processes of reasoning.

3. He must, in dealing with emergencies, endeavor to have always what the Greeks (and Dr. John Brown after them) called *αγχινοια*—nearness of the *νοος*, that is, presence of mind.

4. He must, as a surgeon or accoucheur, have much deftness of manipulation—manual dexterity, as we call it, or perhaps still better, *ambi-dexterity*.

5. He must treasure in his memory, and be constantly increasing from day to day, large stores of various reading in his own and other languages, in order that not only past observations, but also the vast field of

scientific progress in its relation to his art may be constantly before him, or at least freely accessible when wanted.

6. He must be able to write, at the very least, in his own language, with vigor, compactness, and lucidity.

7. He must have a soul above mere money grubbing; must on no account degrade his profession into a trade; but must be, as far as is possible to human nature, the disinterested friend, the companion, the good genius, I had almost said of all his patients.

8. For this reason, if for no other, he must in every case have in him the distinctive essence of what is called a gentleman; and if his practice is or is ever to be among what are called the upper classes, he must be a gentleman, not only in principle but in detail; not necessarily what is vulgarly and falsely often styled a fine gentleman, but a gentleman in outward manner as much as in the inner spirit.

9. He must be a man endowed with a deep sense of moral responsibility, so as to beget confidence and unfailing trust in him on the part of his fellow men. Responsibility, therefore, to them in the first instance; but underlying that, and sustaining it as surely as the root and the stem sustain the flower—a deeper and more latent responsibility to Him who is the source of all good, and therefore of all moral principle and moral responsibility whatever.—*Medical and Surgical Reporter*.

VENESECTION IN THE CONVULSIONS OF PREGNANT AND PARTURIENT WOMEN.—DR. COLVIN read a paper on this subject before the New York Medical Association at its recent meeting. During a practice of thirty years he had resorted to venesection in all cases of confinement where convulsions were threatened. It has been more satisfactory than the use of chloroform, ether, or morphia. It had succeeded in one case in which chloroform had failed. In another case, twenty-five ounces of blood were withdrawn, and this was followed by marked improvement in the condition of the patient.

The lancet, he thought, was the sheet-anchor in puerperal convulsions. The indication for its use is a peculiar irregularity of the pulse. It should always be resorted to before the patient sinks into a comatose condition. He thought the following good rules to follow in all cases of confinement: (1) Examine the patient

at least two months before the expected confinement. (2) Test the urine from time to time. (3) If there is cephalgia practice venesection. (4) Warn the patient against overloading the stomach so as to bring on indigestion. (5) Keep the bowels free. (6) When labor commences, if there is headache practice venesection, if it continues give morphia, one fourth grain, hypodermically.

TREATMENT OF INGROWING TOE-NAILS.—T. D. King (Medical and Surgical Reporter) says this is, properly speaking, an overgrowing of a fold of skin, and is caused by the pressure of the adjacent toe or an ill-fitting shoe. The treatment which he has seen carried out with success is as follows: Scrape a groove in the center of the nail from its free margin to its base; take an oblong piece of cotton and force the center of it under the nail on the affected side of the toe as far as the patient will bear it. Then pack one end under the lower margin of the nail, the other pressed down between the nail and the overgrowing flesh. Then with a muslin bandage one inch in width, starting on the healthy side, carry it up over the toe and down on the affected side under the toe next to it, then up over it and back over the affected toe, thus drawing the sound toe over so as to override it; then with a few turns fix it here. It should be loose at first, but gradually as one becomes used to it can be tightened. This should be changed every day for a few days, then not so often. The sound toe will eventually retain this position without a bandage, and by pressure prevent the skin from growing up over the nail.

A NEW USE FOR EUCALYPTUS TREES.—The patenting of a process for the manufacture of a preparation of a gum of the eucalyptus globulus, which has the effect of thoroughly removing the scales which form on steam-engine boilers and preventing rust and pitting, has created a largely increased demand for it both in this country and in Europe. The effect of this preparation in preventing the pitting and corrosion of boilers will, it is expected, extend the period of their usefulness one hundred or one hundred and fifty per cent, and at the same time effect a great saving in fuel, as scale is a non-conductor of heat. The company owning the patent, at Piedmont (Cal.), have also embarked in the distilla-

tion of essential oils of the eucalyptus globulus, which have heretofore been supplied by Australia, it being found that the oils can be produced at profit. With this object in view, the company propose to set out extensive forests of eucalyptus trees, in order to have at its command a sufficient supply of leaves, the portion of the tree consumed in the manufacture of the oils.—*Western Druggist.*

RICH FRUITS IN PRACTICE FROM CEREBRAL LOCALIZATION.—Our London correspondent gives, in our issue of last week, an account of a cerebral tumor removed by Mr. Rickman Goodlee, upon the wonderful diagnosis of Dr. J. Hughes Bennett. The symptoms which led him to locate the growth were slow progressive paralysis of the left hand, with paroxysmal twitchings of the left side of the face and left arm; later, also, twitching of the eyelids and legs without paralysis. The tumor was a gliomatous mass about the size of a walnut. It was removed from the upper part of the ascending frontal convolution. The British Medical Journal of December 6th reports that the case is progressing favorably since the operation done ten days before. The violent paroxysms of pain and the convulsive attacks have disappeared; the patient is intelligent and cheerful. The temperature and pulse are normal. This is a unique case and will be watched with much interest by the entire profession.

DR. BURNS, of Toronto, recently removed a calculus from the bladder of a youth, aged twenty-one, by the supra-pubic method. The stone weighed three and a half ounces, and its diameter was two and three quarter inches. The case unfortunately proved fatal within twenty-four hours. The nucleus of the calculus consisted of a piece of pitch.—*Philadelphia Medical News.*

THE SUCCESSFUL TREATMENT OF HAY FEVER.—Dr. Sajous, in a paper read before the American Laryngological Society (New York Medical Journal), sums up the pathology and treatment of hay fever as follows: Hay fever is an idiosyncrasy existing in certain individuals to become influenced by certain emanations or irritating substances. This is accompanied by a chronic hyperesthesia of that part of the nasal mucous membrane covering the inferior and middle turbinated bones, the middle meatus, the floor of the nose, and that part of the

septum below the olfactory membrane. Organic alterations of these parts annul the hyperesthesia. The galvanic cautery is the best means for accomplishing this end. It is painless and devoid of danger. It must be applied to the entire sensitive area to obtain the best results.

CYRUS N. NUTT, M. D.—We regret to announce the death of Dr. Cyrus N. Nutt, of New Albany, Ind. His disease was diabetes mellitus, and his death took place on the 23d of December. Dr. Nutt, though scarcely a middle-aged man, had achieved distinction in his profession. He had the confidence of the people and the high esteem of his medical brethren. At the time of his death Dr. Nutt was president of the Floyd County Medical Society, whose members at a special meeting gave testimony to their regard for the dead physician in a series of very appropriate resolutions. Dr. Nutt will be remembered by our readers as an occasional contributor to this journal. His writings were not voluminous, but such papers as he published were simple in diction, logical, practical in turn, and truthful to the scientific nicety of the term.

THE LATE T. S. BELL.—At a special meeting of the Medical Society of Louisville, December 30, 1884, the following resolutions in regard to the death of Dr. Theodore S. Bell were adopted:

WHEREAS, Professor Theodore S. Bell, M. D., a most learned and distinguished member of the medical profession, teacher, and practitioner for more than fifty years in Louisville, has paid the natural penalty of life,

Resolved, That the Medical Society of Louisville cherishes the most sacred and reverential memories of our deceased peer and colleague.

Resolved, That a tablet be suitably engraved and hung upon the walls of this hall to perpetuate his memory.

Resolved, That a copy of these resolutions be furnished the medical and secular press, and that one page of the minute book of this Society be devoted to this record.

DUDLEY S. REYNOLDS,
F. C. LEBER,
P. R. HENDERSON,
ED. VON DONHOFF,
J. C. MCGUIRE.

CHRONOLOGICAL HISTORY OF THE DISCOVERY OF DISEASE GERMS.—Dr. Andrew Smart, of Edinburgh, gives the following as the chronological order of discovery of disease germs:

(1) Rinderpest germ, Dr. Smart, Sep-

tember, 1865; (2) Relapsing-fever germ, Obermeier, 1868; (3) Anthrax germ, Koch, about 1874; (4) Vaccine germ (probably analogous to smallpox germs not yet discovered), Sanderson and Chanveau, 1869; (5) *Filaria sanguinis hominis*, Mansom, 1881; (6) Typhoid fever germ, Ebert, 1880; (7) *Bacillus tuberculosis*, Koch, recently; and (8) Cholera germ, Koch, recently.—*British Med. Journal*.

JUDICIAL decisions have been rendered in several different States to the effect that in cases where a physician or surgeon has recovered the amount of his bill by legal process no suit for malpractice can be sustained, inasmuch as the result of the first proceeding forms a legal recognition of the value of his services.—*North Carolina Med. Journal*, December, 1884.

Of cinchona bark exported from Ceylon, we note that no less than 11,491,947 lbs. were shipped during the past twelve months. Of this 9,130,826 lbs. were sent to England, 435,541 lbs. to Marseilles, 969,082 lbs. to Genoa, 863,529 lbs. to Venice, and only 6,946 lbs. to America.—*Pharmaceutical Record*.

It is announced that the last link in the chain of evidence with reference to the causative relationship of the comma bacillus to cholera has been supplied. Nicuti and Rietsch, of Marseilles, and also, later, Koch himself, having transmitted the disease by introducing cultures of the bacillus into the rectum.

THE New York Elevated Railroad has just paid a judgment of two hundred and fifty dollars for an injury to a man's eye from the fine steel filings caused by the use of brakes. An appeal to the higher court has affirmed the decision of the lower.

DR. C. C. GRAHAM, the centenarian, is seriously ill. His malady however is not necessarily fatal, and it is to be hoped that he may yet live to pile more years upon the century which marks his wonderful life.

THE friends of the late Dr. Mahomed have opened a subscription for his widow and children. At a meeting, held December 10th, \$3,000 were subscribed and a committee appointed to invite further subscriptions.

The Louisville Medical News.

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DR. JAMES KNAPP.

This well-known physician died at his home on Monday, the 5th instant. About one week before this date he was stricken with apoplexy, under which he sank to death.

Dr. Knapp was born in New York in 1821. He came to Kentucky in 1845. He graduated from the University of Louisville in 1852, and since that time has practiced his profession in Louisville.

Dr. Knapp was a man of commanding presence and great force of character. He was possessed of firm religious convictions, and gave freely of his time and talents to the furtherance of the Christian charities. As a physician he was learned, and signally successful in practice.

Dr. Knapp was a self-made man. Beginning life as a tradesman's apprentice, he rose through industry and a love of learning to affluence and scientific distinction. He was possessed in large degree of those gifts which characterize the savant, and found time in the intervals of professional work to attain a practical knowledge of several branches of natural science. He was for many years intimately associated with his

friend and teacher, the late Dr. L. P. Yandell, sr., in practical scientific work, and rendered this distinguished savant skillful assistance in bringing to light the geology of this section of country.

His collection of fossils is one of the finest in the West.

Dr. Knapp's manner of life was unostentatious and retiring; though humble in spirit, he was brave, strong, and inflexible in matters of duty or questions of right. From the retrospect of a well rounded life, and with the record of a faithful stewardship, he turns to his reward.

IS THE MYSTERY EXPLAINED?

A correspondent of the Boston Medical and Surgical Journal, January 1, 1885, in commenting upon the varied accomplishments and talents of the late Professor William Darling, states that, in addition to his being a great anatomist,

He was a profound mathematician, and remarkably well versed in the whole range of poetical literature, while he was himself a poet of no mean attainments. It is said that during his residence in London a twisted paper was once found in the cavity of a young girl's skull, among some specimens, which contained an anonymous poem of his of such extraordinary merit that a reward of fifty pounds was offered for the name of its author.

The celebrated "Lines to a Skeleton," beginning thus,

"Behold this ruin! 'T was a skull,
Once of ethereal spirit full—"

have a history which corresponds in some particulars to the above account; and if the prefatory remarks to the poem, as it appears in the Medical Rhymes compiled by Erichsen (Chambers & Co., 1884), do not contain an anachronism, Dr. Darling may have been its author.

Dr. Darling died on Christmas, 1884, at the advanced age of eighty-two years. The note referred to says that the "Lines to a Skeleton" were published sixty years ago by the London Chronicle. "Every effort, even to the offering of fifty guineas, was

vainly made to discover the author. All that ever transpired was that the poem, in a fair clerkly hand, was found near a skeleton of remarkable beauty of form and color in the museum of the Royal College of Surgeons, Lincoln's Inn, London."

It is not improbable that the tradition has accidentally touched Dr. Darling, but we hope, for the sake of his memory, that some person who may be in possession of the facts will clear the matter up. If Dr. Darling, at the age of twenty-two, composed this exquisite poem, he needed but to avow it, and give himself no further trouble on the score of fame. It will be read long after his and the scientific achievements of most of his contemporaries are forgotten; indeed, so long as the student shall continue to be possessed of a heart and a taste for the beautiful.

Bibliography.

A Hand-book of the Diseases of the Eye and their Treatment. By HENRY R. SWANZY, A.M., M. B., F.R.C.S.I., Surgeon to the National Eye and Ear Infirmary, Ophthalmic Surgeon to the Adelaide Hospital, Dublin, etc. With illustrations. New York: D. Appleton & Co. 1884.

In the preface the author says: "This hand-book is chiefly intended for students attending an ophthalmic hospital;" "that it is simply an aid, and can never take the place of clinical study." He takes it for granted that all who are about to study eye diseases, and require such a hand-book as this, have already received a fair knowledge of the anatomy and physiology of this organ.

Chapter first is devoted to a few remarks on elementary optics. He then takes up refraction, accommodation, and the use of the ophthalmoscope. These topics are well treated, and give the student a good practical idea of the different errors, their correction by glasses, and recognition with the ophthalmoscope or by retinoscopy. The latter method of detecting errors of refraction is popular with the English ophthalmologists, being much used by them. It seems to have found but little favor in this country, the general belief being that every one who has had sufficient training with the ophthalmoscope can with it detect

errors as quickly as can be done by retinoscopy.

The author gives some good practical suggestions for finding the meridians of greatest ametropia in astigmatism. The ophthalmologist who has a great number of cases of astigmatism to correct generally relies on Snellen's test letters. He can fit any case with them as readily and with quite as much precision as by any of the various astigmatic devices.

The author next takes up diseases of the conjunctiva, after this diseases of the lids. It seems to be rather an irregular arrangement. In the chapter upon diseases of the lids he describes various methods of operating for trichiasis and entropion. The operation most popular in this country is not mentioned. I refer to the von Burow operation as modified by Green.

He speaks of inflammation of the cornea as corneitis, discarding the old term keratitis. This is a step in the right direction. In speaking of deep ulcers of the cornea and their treatment, the author says: "Eserine has been much employed of late as aiding in reduction of the intra-ocular tension, and promoting the absorption of the hypopion; but I do not use it, believing that the tendency to iritis is increased by it." This is in opposition to the most popular treatment of the day. Eserine is now used in many cases where formerly paracentesis frequently repeated was considered the only way to prevent the threatened destruction of the eye by formation of pus, melting away of the cornea, and collapse of the eyeball from expulsion of its contents. He says "paracentesis through the floor of the ulcer is a proceeding always followed by improvement in the condition of the eye, and deserves a more routine application in these cases than at present accorded to it, the more so as the little operation is simple and dangerless." If eserine can control these cases it should certainly be preferred. No operation upon the eye is dangerless. Paracentesis may be followed by severe inflammation, and the disturbances of the intra-ocular circulation caused by the sudden diminution of the tension of the globe may lead to hemorrhages, detachment of the retina, or alterations in the nutrition of the lens leading to the formation of cataract. Prolapse of the iris may also occur, or the traumatism itself may produce iritis.

In iritis, corneitis, or indeed in any disease of the eye, we concur in the author's condemnation to the use of setons or blisters. They

cause great annoyance to the patient, and as a remedy have no effect whatever.

The author says that by sympathetic ophthalmia is meant a neuritis caused by an iridocyclitis of the other eye. He does not recognize a sympathetic neuritis or neuroretinitis. There can be no doubt that these occur. Even sympathetic conjunctivitis and corneitis have been stated to exist.

His rules as to enucleation after injuries are good, and will be found of great value in helping the surgeon to decide the question wisely when one of these most difficult cases presents itself.

The chapter on the motions of the pupil in health and disease is something new in a work of this kind. It will be found very interesting. One of the most difficult points for students to understand is the subject of ocular paralysis, and the position of the double images produced. These are quite plainly shown in the chapter devoted to the muscles of the eye and their derangements.

It must be said that Mr. Swanzy has made an excellent hand-book of practical ophthalmic science, and one which the student can depend on as being abreast with recent advancement in this department of medicine.

J. M. R.

The Theory and Practice of Medicine. By FREDERICK J. ROBERTS, M.D., B.Sc., F.R.C.P., Professor of Materia Medica and Therapeutics and of Clinical Medicine at University College, London, etc. With illustrations. Fifth American edition. Philadelphia: P. Blakiston, Son & Co. 1884. Price, cloth, \$5.00; full leather, \$6.00. For sale by John P. Morton & Co.

This work, formerly issued in two volumes, has by the aid of economy in spacing and margins been brought within the bounds of one fine volume of about ten hundred pages. The author, who is one of the most distinguished of English teachers and physicians, has taken great pains to make his work especially useful to the practitioner, at the same time developing his subject so systematically as to render the book fit to serve in every way the needs of the student. Its popularity as a text-book is therefore very great.

On perusal of the work the reader is impressed with two prominent features. One is the large learning of the author, and the other is his careful conservatism. He states fairly the opinions of others in regard to a given disease (especially as to treatment), but does not suffer his judgment to be

warped in the slightest by the reports of unusual results, even when supported by a powerful array of statistics. He bases his conclusions, therefore, only upon what in his own large experience has proved sound, and remands many of our most fascinating pathological and therapeutic novelties to the limbo of unproved hypotheses. But it must not be inferred from this statement that the author is, in any sense of the word, an old foggy, or that he is at all skeptical beyond the point of scientific necessity. He pays courteous respect to the pathogenic bacteria, for instance, and admits without protest all such as have had their claims to rank as factors in disease established. The bacillus tuberculosis, bacillus anthracis and the spirillum of relapsing fever are therefore welcomed to his pages; but the comma bacillus, with a large squad of schizomycetes which have been pushed forward by their discoverers as having specific claims to rank among the virulent or the vicious, are politely allowed to stand outside until such time as they shall be able to present credentials which are above scientific criticism.

The work is remarkably uniform, and worthy of the high praise which various reviewers have bestowed upon it.

If we were called upon to select certain parts which might merit special notice, we should name the chapters on epidemic diseases and eruptive fevers, his tabular scheme for the differential diagnosis of fevers, and the chapter devoted to diseases of the urinary organs.

The illustrations though not profuse are well selected, being in the main such as are of especial clinical significance. They are well executed, and must add materially to the worth of the book as a working manual.

Archives of Northern Medicine (*Nordiskt Medicinsko Arkiv*).

The most recent numbers of this excellent quarterly medical journal have just reached us. It is published in Stockholm, Sweden, and represents the best medical talent in the three Scandinavian kingdoms, Sweden, Norway, and Denmark. Finland, which formerly belonged to Sweden, also furnishes its quota of solid material.

Dr. Axel Key, Professor of Pathological Anatomy, is the able editor, and is assisted by professors in the universities of Helsingfors, Finland, in the University of Christi-

ania, Norway, in the University of Copenhagen, Denmark, in the universities of Upsala and of Lund, in Sweden, and also by the professors in the Medical Institute of Stockholm.

This journal, then, is the exponent of Scandinavian medicine, and the contributions in its pages are derived only from Scandinavian sources. The American medical public is not wholly unacquainted with the merits of the *Archive*, for during a series of years Prof. J. A. Oetertony has furnished to various medical journals many interesting articles translated from it. The *Archive* is a publication of the highest merit, a credit to the Scandinavian realms, to Scandinavian medicine and to medical science. It is with unqualified pleasure that we place it on our list of exchanges, and promise to frequently lay before our patrons extracts from the admirable material with which it abounds.

A Practical Treatise on Fractures and Dislocations. By FRANK HASTINGS HAMILTON, A.B., A.M., M.D., LL.D., late Professor of Surgery in Bellevue Hospital Medical College, and Surgeon to Bellevue Hospital, New York, etc. Seventh edition, revised and improved. Illustrated with three hundred and seventy-nine woodcuts. Philadelphia: Henry C. Lea's Son & Co. 1884. For sale by John P. Morton & Co.

With its first appearance, in 1859, this work took rank among the classics in medical literature, and has ever since been quoted by surgeons the world over as an authority upon the topics of which it treats.

That the present edition should be considerably larger than the sixth was to be expected in view of the rapid strides forward which surgery has taken in these latter days. The surgeon, if one can be found who does not already know the work, will find it scientific, forcible, and scholarly in text, exhaustive in detail without becoming tedious, and ever marked by a spirit of wise conservatism.

Official Register of Physicians and Midwives (now in practice) to whom Certificates have been Issued by the State Board of Health of Illinois. 1877-1884. Springfield, Ill.: H. W. Rokker's Publishing House. 1884.

This book is an octavo of three hundred and twenty-four pages, and contains, beside the "Register," some important information relative to the registration laws and the regulation of the practice of medicine and midwifery in the State of Illinois. There are

5,885 registered physicians of all classes in the State, and about 800 or 900 midwives. The object of registering the physicians is to bar out the quacks. We suppose that the object of registering the midwives is to fence in the quacks, and by this means to keep track of them.

A Manual of Bandaging Adapted for Self-Instruction. By C. HENRI LEONARD, A.M., M.D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynecology, Michigan College of Medicine, etc. With one hundred engravings. Second edition, revised and enlarged. Detroit, Mich.: The Illustrated Medical Journal Company. Price, \$1.50, postage paid. For sale by John P. Morton & Co., Louisville, Ky.

We are glad to see this familiar work revised, enlarged, and improved, through a second edition. It is, if we mistake not, the first manual ever devised for the use of students in this necessary department of surgery.

Dr. Leonard is felicitous in his text and happy in his illustrations, and the work will not fail to impart to him who seeks it aright all that a book can teach relative to this essentially demonstrative study.

A Text-book of Hygiene: a Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Stand-point. By Geo. H. Rohé, M.D., Professor of Hygiene, College of Physicians and Surgeons, Baltimore; Member of the American Public Health Association; Corresponding Member of the New Orleans Academy of Sciences, etc. Baltimore: Thomas & Evans. 1885.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Editors Louisville Medical News:

Although I may be accused of always harping on the same string, the subject of cholera is so inexhaustible and of such vital importance that I consider it my duty to keep you informed of what may be said and done among the faculty of this country as regards this dire enemy. I have therefore resolved to lay before your readers a brief abstract of the history of the cholera epidemic in Paris (now that it is considered

completely extinguished), even at the risk of repeating what I have communicated in my previous letters.

At the last meeting of the Academy of Medicine, Dr. Dujardin-Beaumetz, in giving an account of the cholera epidemic, began by stating that it suddenly broke out on the fourth of November, at a time when the sanitary condition of Paris was as satisfactory as possible. On the next day the disease made its appearance almost simultaneously in different parts of the town, and distant one from the other. The epidemic went on increasing to the tenth of November, when it attained its maximum, there having been 110 deaths on that day. It then gradually decreased, and to the date of the above paper, that is, to the eighth inst., there has been scarcely one death per day. The total number of deaths during the epidemic amounted to 912—382 females and 530 males—which gives a proportion of 4.05 deaths to 10,000 inhabitants. In comparing this proportion with that of previous epidemics we find that in 1832 the mortality was 234.16 per 10,000 inhabitants; in 1849, 185.31; in 1854, 78; in 1873, 4.06.

These figures show a gradual diminution of the mortality from the disease. During the present or rather late epidemic the female sex appeared to have been less affected than the male, though this is not the general rule. For instance, in 1832 there were more females than males affected by the disease; the same was the case in 1873, but in 1854 it was the reverse.

During the late epidemic of Toulon there were 669 deaths from cholera, or a proportion of 138.43 per 10,000 inhabitants. At Marseilles the proportion was 49.4 per 10,000 inhabitants.

In Paris the districts the most populous and consequently the poorest were mostly affected. These are the 19th *arrondissement*, the 11th and the 12th.

It may be interesting to give here the deaths from cholera in New York in past epidemics, by way of comparison, which I have taken from a New York paper. According to Dr. John T. Nagle there were, in 1832, 3,513 deaths from cholera, at the rate of 15.64 in every 1,000 persons. In 1849 there were 5,071 deaths, or 11.24 per cent. In 1854 there were 2,507 people died, or 3.95 per cent. In 1866 the deaths were 1,137, an average of 1.28 per cent. The epidemic of 1866 was said to be of a virulent type, 583 persons who died having been attacked in the streets.

Dr. Dujardin-Beaumetz, in continuation of his report, stated that it was impossible to trace the origin of the recent epidemic, but it may be observed that its development was singularly facilitated by certain special conditions. First of all we find that the aged and debilitated subjects were the most ready victims to the disease. Then came the insanitary condition of the dwellings of the poor, and the contamination of the drinking-water; but, as this latter could not be satisfactorily proved, Dr. Dujardin-Beaumetz remarked that he would not incriminate the potable water of Paris, though it has been fully demonstrated that water is the principal vehicle of the cholera germs. It was moreover brought to notice that people addicted to drinking constituted a very large proportion of victims, which fact was also observed in previous epidemics. Dr. Beaumetz thought that, mild as the epidemic has been, its extension was prevented by the energetic salutary measures taken by the authorities; among these being the disinfection of the lodgings of those affected with cholera and every thing belonging to them. But this view of the case was not in accordance with that entertained by Professor Hardy, who thought that the administration (governing body), as it is here termed, did more harm than good by spreading terror among the inhabitants; as the measures adopted impressed the latter with the belief that cholera was contagious, which in his opinion it was not in the sense commonly supposed, and if the epidemic has not caused greater havoc it was owing to its mild character and to the improved condition of the town. Disinfectants he thought were a mere delusion, at least as they have been used, as they have no effect on the cholera germs which exist in the air as well as in water, and can not be brought under their influence except perhaps in the laboratory, where only a few of them can be directly attacked and destroyed, and this fact would point to the futility of quarantines and *cordons sanitaires*, which, however, may be of some service if intelligently employed. Professor Hardy also condemned the lay papers for having spread undue alarm, and thus keeping intending visitors aloof, much to the detriment of the commercial interests of the country.

The old wrangle as to the nature and origin of cholera followed, which divided the speakers into two distinct parties; the contagionists and non-contagionists, or, as they have been facetiously termed, microbophiles

and microbophobists. The feeling against the theory of the microbial origin of cholera is very strong, and was expressed by Prof. Peter, both at the Academy and the School of Medicine, in these terms: "It is a pure satisfaction of natural history to say, with the German School, that there exists a microbe *producer*; I say that there is a microbe *product*. The parasitic doctrines have engendered a microbiomania, which determined a terror which will be the opprobrium of the 19th century."

PARIS December, 12, 1884.

Translations.

VIRULENT OPHTHALMIA.*

Dr. Ch. Abadie, at a recent ophthalmological clinic, said:

It is distressing to think that at this time this formidable malady causes so much blindness, although we possess the infallible means of curing it, so I cease not to try and make plain to my students those features which permit it to be diagnosed and treated with success. In this case you will find an instructive history.

This man, aged thirty-five, terrace maker, was seized suddenly, about a month ago, with violent inflammation of the conjunctivæ, which soon obtained an extreme degree of intensity. He went to a clinic for eye diseases, where he was duly cared for, but after some days, not finding relief, he came to us.

On the day of his arrival his condition was as follows: In the left eye where the infection began the cornea was already half destroyed, and through the large opening thus made the iris jutted out voluminously. Ulceration had commenced in the right eye in two places—the lids were swollen and infiltrated, an almost fleshy chemosis being over the whole cornea, while the conjunctival surface was bathed in sanious pus. The situation was grave. The left eye was lost, and for the right, the process being like that of the left, it seemed but a question of time. I was curious to know, and asked what had been the treatment. The patient answered he had been treated from the beginning with carbolized solutions; no caustic had been used. At the end of four or five days, knowing his condition to be aggravated, he had sought advice elsewhere.

I applied to his eyes a three-per-cent

solution of nitrate of silver, and told him to return to have this measure repeated every twelve hours. Being poor, and living at a distance, he was able to come but once in every twenty-four hours. In consequence of this the ulceration in the right eye progressed and a small perforation with hernia of the iris was the result. The left eye was completely destroyed. The situation being so serious I sent the patient home for further treatment. He was cupped and the caustic solution applied every twelve hours.

Under this treatment a change for the better was soon evident. The ulceration of the right eye ceased to extend, entered into a state of repair, and in a few days the cure was complete. To-day there only remains a small piece of the iris inclosed, and some light leucomas at the site of the ulceration.

This man can see well enough with his right eye to take up his daily work; in the left the cornea is destroyed and sight is lost. The case is of great interest because of the following points: First, the failure of treatment by means of carbolized solutions. I am far from denying the value of antiseptic solutions of carbolic and boric acid in the benign forms of purulent ophthalmia, and in catarrhal conjunctivitis which is more or less intense. These simple means are useful in such cases, but as we see in this they are inadequate to the demands of a case of grave purulent ophthalmia.

In the second place we see in this patient that the caustic applied every twenty-four hours was competent to retard but not to arrest the morbid process. To arrest it the solution must be used every twelve hours. To-day it is certain that in grave purulent ophthalmia caustic solutions alone, if applied every twelve hours, are sufficient to arrest the disease and to prevent corneal complications. How happens it, then, that some practitioners even of high authority still use other means whose efficacy they doubt and whose bad results you have seen?

For a long time I have insisted upon and was the first, I believe, to make sure the signs which differentiate the grave from the benign forms of purulent ophthalmia. The abundance of suppuration does not settle the question, but the inflammatory swelling of the lower lid furnishes the diagnostic point together with early corneal ulcerations, which never occur except in grave cases. It is possible for an experienced clinician to recognize a grave ophthalmia and act accordingly; but errors are made on both sides, benign being mistaken for grave

*Translated for the Louisville Medical News from the *Progres Medical*, December 6th, by W. M. Holladay, B.A.

and cured by simple means, and this is the reason why agreement has not been reached as to the value of different forms of treatment. To-day I hope all these difficulties will disappear, owing to a new diagnostic means which will become infallible in its time and will force its reception on all. I mean microscopic examination and the search for the microbe of the specific purulent ophthalmia, that is the virulent, which is always a malady of infectious origin due to the presence of a specific micrococcus whose special ground of culture is the human conjunctiva. This microbe exists constantly in this form of purulent ophthalmia, which henceforth merits the name of virulent, and does not exist in the benign form of catarrhal conjunctivitis.

Practice and therapeutics will draw great profit from this discovery. It is not long since it was maintained that rheumatism could produce purulent ophthalmia. It can not be denied that rheumatism may provoke a spreading conjunctivitis with muco-purulent secretion. But I contend that it is not the grave purulent ophthalmia, or more correctly, virulent, which is always a local disease, and against which general treatment is of no avail. The microscope brings decisive proof to the support of this proposition, and it is sufficient for diagnostic purposes to examine microscopically the muco-purulent secretion in any case to see whether or not it contains microbes. My method of procedure is very simple: Place a drop of the pus between two cover glasses; press them together; dry it in the flame of a lamp; then place it for two or three minutes in an aqueous solution of methylene blue; then wash with alcohol and mount it in Canada balsam. Under the microscope a specimen thus prepared will show among the pus-cells the micrococci, which appear as little grains of a deep-blue color. Examine these two specimens prepared by my chief of clinic, Mr. Davier. One contains pus drawn from a grave purulent ophthalmia, the other from a catarrhal ophthalmia. In the first you will find micrococci, in the other they are absent.

Thanks to this diagnostic means, there will henceforth be no doubt as to the nature of a muco-purulent conjunctivitis occurring in the course of a rheumatism. In a drop of pus from such a case the characteristic microbe will not be found, and the nature of the malady may be readily made out. By this you will see that rheumatic ophthalmia is no longer regarded as

a malady of specific character, but simply as an inflammation of the order of a common conjunctivitis. Even at the beginning of purulent ophthalmia, when there is doubt this proof will be decisive and the treatment may then be indicated with certainty, if it be a question of virulent ophthalmia caustic application must be made. Every twelve hours a solution of nitrate of silver, two to three per cent, must be put into the eye. On the contrary, micrococci being absent, we are to be contented with more dilute solutions used less frequently, or even a simple wash of carbolic acid, or a saturated solution of boric acid. In view of the good that has come to us through this line of investigation, it is to be regretted that not a few men of eminence still use the weighty influence of their chairs against the study of bacteriology, and maintain in the face of the clearest evidence that it is of no avail in medicine.

Selections.

POST-TYPHOID ELEVATION OF TEMPERATURE.—J. M. DaCosta, M.D., in the Philadelphia Medical Times, December 27, 1884, says:

It has happened to me to see, both in this hospital and in private practice, a number of patients who, after passing through the course of the disease, still retained a fever-temperature; or if, as is much more usual, the temperature had for a time resumed its normal status, it went up again, without a redevelopment of diarrhea, the appearance of rose-spots, or the return of cerebral symptoms. I have seen it shoot up as high even as 105°, and almost as quickly go down again to the normal, or even below. It was only yesterday that I met a physician, in large practice in this city, in a case of a boy convalescent from typhoid fever, in which the temperature on two occasions went up to 105°, without there being any signs of relapse of the disease, and on both occasions there were no other manifestations of systemic disturbance, and the temperature soon went back again to normal.

In the case I show you this morning something of the kind happened. His history is a long one, of which I need only give you the outline. His name is Thomas T., twenty years of age, born in Ireland. He was admitted September 22, 1884, after five days'

sickness with typhoid fever. He has been here for nearly three months. The temperature, with the usual fluctuations, returned to the normal at the end of four weeks; during this period he went through the regular course of a typhoid fever of rather more than usual severity. After he had passed the height of the disease his recovery was delayed by an attack of milk-leg. When this had subsided and his temperature had become normal, and had so continued for several days, he had a sudden rise of temperature to 104° one afternoon (November 3d), but there were no other symptoms of disorder, and on the next day the temperature was 100° , and afterward gradually subsided to normal. I find that the temperature again rose on the 20th of November to 101.5° ; subsequently it remained steadily high for nearly a week.

There is a class of cases, of which I have seen a number in former years of service in this hospital, in which there is a sustained fever-temperature after all the other signs of the disease have passed away and the patient is convalescent. In this class of patients I have seen the temperature fall from 100° to normal as soon as they were permitted to get out of bed. The temperature would apparently remain elevated indefinitely, without any other sign of disease, as long as they were kept in bed. This has taught me that in some cases, if you want to get them well, you must get them out of bed: too much coddling does harm. The sustained abnormal temperature makes the physician, nurse, and patient afraid, though all the other appearances are favorable. When the patient is allowed to sit up, gradually extending the time, the temperature falls.

There is another class to which I wish to direct your attention. Of course it is understood that elevation of temperature frequently occurs from indiscretion in diet. These instances I need not refer to further. I merely mention them to complete the series. In this man the first elevation I referred to was caused by reading a book, and that in the boy had a similar cause. The boy was of very impressionable nature, and, when a schoolmate called upon him and insisted upon seeing him after his attack of typhoid fever, he became very much excited after his friend had gone away, and cried for some time. That evening his temperature went up to 105° . Mental emotion, then, may be a cause of high temperature during convalescence from typhoid fever.

This does not, however, completely cover the case before you. I took the patient out of bed, forbade any excitement or mental effort, but the temperature continued high, although he had no diarrhea or other symptom of disease. Examining the case repeatedly, I could find nothing but constipation that was amiss. Upon looking carefully for a cause why the temperature remained elevated, it occurred to me that it might be due to constipation, the fever-temperature being caused by irritation of hard masses of retained fecal matter in the intestine. I ordered this man a daily enema and one drop of fluid extract of belladonna three times a day. This I had found in previous cases effective in correcting a tendency to constipation after typhoid, where irritating purgatives would be dangerous. Now here the effect was very soon apparent. I have to report that the temperature fell to normal as soon as the intestines were freely evacuated, and has remained so. He now has a daily movement of the bowels, feels well, though still weak; his temperature is 98.5° . He is no longer confined to his bed.

THE USE OF COCAINE IN DYSPHAGIA.—

The following striking example of the successful use of cocaine in overcoming painful deglutition was related by Dr. Jelinek in a paper read before the Vienna Society of Physicians, which has been published in full in the *Wiener Medicinische Wochenschrift* (No. 46), and a resume of which appears in our report of the Society's meeting in another column. The patient, a male aged forty-five, was suffering from tubercle. There was extensive swelling, and brawny infiltration of the epiglottis, but only moderate dullness and slight crepitation were discoverable at the apex of the right lung. He had been treated as an out-patient in the clinic of laryngology for three months, and iodoform and morphia had been daily blown into his larynx and he had constantly taken ice. In spite of this treatment he affirmed that for close upon two months he had only been able to swallow milk in the minutest quantities. He was extremely wasted, incapable of work, scarcely able even to walk, and tortured by continuous pain and thirst. Before applying the cocaine solution Dr. Jelinek made him drink some water. He had hardly swallowed a drop before he started up in the greatest pain, while the water returned through his mouth and nose. Dr. Jelinek then carefully painted the lingual and part of the laryngeal surface of the

epiglottis, and the vallecule, with a ten-per-cent solution of cocaine, and a minute afterward told the patient to drink again. The man anxiously took a small mouthful, for a moment looked around in astonishment, and then, to the surprise of all, greedily swallowed the whole glassful at a single draught. Tears of gratitude filled his eyes, and he could scarcely find words to express his thanks. The next day he related that on reaching home, an hour after the application, he had, to the astonishment of his wife, made an excellent meal (the first he had had for two months) without any difficulty, but that soon after the pain reappeared, and three hours after the painting was as bad as ever.—*Medical Times and Gazette*.

OYSTERS FOR DYSPEPSIA.—It is not generally understood, as it should be, that oysters have medicinal qualities of a high order (Ind. Pharm.); they are not only nutritious, but wholesome, especially in cases of indigestion. "It is said there is no other alimentary substance, not even excepting bread, that does not produce indigestion under certain circumstances; but oysters, never." Oyster juice promotes digestion. By taking oysters daily, indigestion supposed to be almost incurable has been cured; in fact, they are to be regarded as one of the most healthy articles of food known to man. Invalids who have found all other kinds of food to disagree with them frequently discover in the oyster the required aliment. Raw oysters are highly recommended for hoarseness. Many of the leading vocalists use them regularly before concerts and operas; but their strongest recommendation is the remarkably wholesome influence exerted upon the digestive organs.—*Weekly Drug News*.

THE TREATMENT OF PHIMOSIS BY DILATATION *a Tergo*, AND ITS DANGERS.—Mr. Tannahill suggests that, for the cure of phimosis, "the orifice of the foreskin should, during micturition, be compressed with the finger and thumb until the urine exert pressure sufficient to cause pain by stretching the membranes," and apparently advocates the repetition of the process for weeks. The treatment seems to have been effectual; but one can not help reflecting that the hydraulic pressure which is exerted upon the prepuce is exerted also, to the very same amount per square inch, upon the urethra and the walls of the bladder, and possibly

through the whole urinary tract, although, as a rule, contraction of the bladder closes the ureters, and thus prevents damage to the kidneys. That obstruction in the urethra from stricture, and even spasm, will cause mortal injury in some instances is set very clearly before us in Mr. Reginald Harrison's admirable clinical lectures (third lecture). That the greater resistance to the outflow of the urine in the male, from obstructions, natural and unnatural, may have a considerable effect upon the comparative death-rate, is suggested by the fact that, in England and Wales during 1880, although only one hundred and seven males to one hundred females died from all causes, no fewer than six thousand eight hundred and sixty-six males, against three thousand eight hundred and ninety-five females, were registered as dying from diseases of urinary organs to every million persons living. It is well to be on our guard, lest we inadvertently augment to the number.—*D. Biddle, M.R.C.S. Eng., in the British Med. Journal*.

ELIMINATION OF ARSENIC FROM ZINC.—M. L'Hote states that arsenic can be rapidly eliminated from zinc by introducing into the molten metal one to one and a half per cent of magnesium chloride and agitating. The arsenic passes off with the white fumes of the magnesium salt. The melted zinc is then poured into cold water, when granules are obtained completely free from arsenic and which readily yield to ten per cent sulphuric acid.—*Journal of Pharmacy*.

VERATRINE IN THE TREATMENT OF DEAFNESS OF LABYRINTHINE ORIGIN.—The following formula, suggested by Gruber, is published in the *Union Medicale* (Maryland Medical Journal):

R Veratrine,	0.10 gram;
Iodine,	0.025 gram;
Iodide of potassium,	1.00 gram;
Simple cerate,	10.00 grams.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, December 28, 1884, to January 3, 1885.

Girard, A. C., Captain and Assistant Surgeon, ordered from Department Missouri to Department East. (S. O. 304, A. G. O., December 29, 1884.)
Ewing, Charles B., First Lieutenant and Assistant Surgeon (Fort Stanton, New Mexico), granted leave of absence for two months. (S. O. 304, A. G. O., December 29, 1884.)